

SERFF Tracking Number:	STAR-125997532	State:	Arkansas
Filing Company:	Starmount Life Insurance Company	State Tracking Number:	41371
Company Tracking Number:			
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	Accidental Death Rider R/06		
Project Name/Number:	/97-005 R/06		

## Filing at a Glance

Company: Starmount Life Insurance Company

Product Name: Accidental Death Rider R/06

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: STAR-125997532

SERFF Status: Closed

Co Tr Num:

Co Status:

Author: Natka Varisco

Date Submitted: 01/21/2009

State: ArkansasLH

State Tr Num: 41371

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 01/23/2009

Disposition Status: Approved

Implementation Date:

Implementation Date Requested:

State Filing Description:

## General Information

Project Name:

Project Number: 97-005 R/06

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type:

Overall Rate Impact:

Filing Status Changed: 01/23/2009

State Status Changed: 01/23/2009

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile: Authorized

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

We are pleased to submit the above referenced forms as informational filing for your review and approval. The rider was previously approved on January 23, 2004.

### RIDER CHANGES:

We have added the following language:

Renewability

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After the first policy year, this rider is renewable at the option of the company and, if the company's option to non-renew is exercised, you will be notified at least 60 days prior to the date of non-renewal. This rider is optionally renewable for the life of the Main Insured subject to the Company's right to cancel all riders by class. Renewal premiums are due on the first day of each renewal period. Your coverage will expire if the premium is not paid on or before the end of the grace period.

We reserve the right to increase rates, from time to time, by class. If we change the premium rates, we will notify you at least 45 days before the change becomes effective. We will notify you at your last known address according to our records. The initial premium and any revised premiums are guaranteed not to change for a period of 12 months, but may be increased once each six months thereafter with a 45 day notice. There will be no change in your class due to any physical impairment.

Starmount Life will continue to market the policy in Arkansas on a direct response basis. Starmount Life will buy lists of recent mail order purchasers, use third party inserts, place the application on our website, seek referrals from friends and/or family members of current insureds and use any other methods of direct marketing that the company may subsequently develop. At this time Starmount Life has no plans to market this policy through agents.

The enclosed forms are in final printed format, subject only to minor changes in ink, color, paper stock, company logo, margins and positioning.

## Company and Contact

### Filing Contact Information

Natka Varisco, compliance specialist  
7800 Office Park Blvd.  
Baton Rouge, LA 70809

natkav@starmountlife.com  
(225) 926-2888 [Phone]  
(225) 610-1419[FAX]

### Filing Company Information

Starmount Life Insurance Company  
7800 Office Park Boulevard  
Baton Rouge, LA 70809

CoCode: 68985  
Group Code: 68985  
Group Name:

State of Domicile: Louisiana  
Company Type:  
State ID Number:

<i>SERFF Tracking Number:</i>	<i>STAR-125997532</i>	<i>State:</i>	<i>Arkansas</i>
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(225) 926-2888 ext. [Phone]

FEIN Number: 72-0977315

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$20.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Starmount Life Insurance Company	\$20.00	01/21/2009	25151414

SERFF Tracking Number:	STAR-125997532	State:	Arkansas
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	01/23/2009	01/23/2009

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<i>Project Name/Number:</i>	<i>/97-005 R/06</i>		

## **Disposition**

Disposition Date: 01/23/2009

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	STAR-125997532	State:	Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Form	Accidental Death Rider		Yes

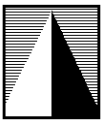
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## Form Schedule

Lead Form Number: 97-005 R/06

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	97-005-AR R/06	Policy/Cont Accidental Death ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		47	97-005 R06.pdf





# STARMOUNT LIFE INSURANCE COMPANY

## Indemnity for Death by Accidental Means

1. **POLICY CONTRACT.** This agreement is to be attached to Policy No. \_\_\_\_\_ issued by the Starmount Life Insurance Company on the life of \_\_\_\_\_ and is hereby made a part thereof as if recited therein.

2. **RISKS ASSUMED - AMOUNTS PAYABLE.** If the accident ultimately causing the death of the insured shall occur prior to the first policy billing date after age seventy-five (75) and shall have resulted directly, independently and exclusively of all other causes from bodily injury effected solely through accidental, external and violent means, and if such injury is evidenced by a visible contusion or wound on the exterior of the body (except in the case of drowning and internal injuries revealed by an autopsy), and provided that death shall occur within ninety days after the date of any such injury, the amount payable under said policy shall be increased as follows:

If the policy is payable in a single sum, an amount equal to the amount stated below shall be paid; if the policy is an installment policy, an additional amount equal to the certain installments only stated in the policy shall be paid, at the same times and the same manner as such certain installments.

Following the first policy billing date after age seventy-five (75), regular life coverage continues in full; accidental death benefits continue at half. **This policy is subject to the Company's right to cancel all policies by class.**

3. **LIMITATIONS - EXCLUSIONS.** The additional amount provided for in Clause 2 shall not be paid unless accidental bodily injuries causing the death of the insured within ninety days after the date of such injuries shall occur prior to the maturity or expiration of said policy and prior to default in the payment of any premium, and shall not apply to any paid-up or extended insurance which may be payable to the non-forfeiture provisions of said policy, and it shall not apply to any insurance issued under any privilege of conversion under this policy, except as may be provided therein.

Death is not a risk hereby assumed if it results directly or indirectly from:

- a. Suicide, while sane or insane (while sane in Missouri and Texas);
- b. Bodily or Mental illness or disease;
- c. Medical or surgical treatment except when required because of accidental bodily injury;
- d. Any poison gas, or narcotic (unless administered on the advice of or in the dosage prescribed by a physician) voluntarily taken;
- e. Riding in or descent from any kind of aircraft, except as a fare-paying passenger in a regularly scheduled commercial airline;
- f. War or any act of war, declared or undeclared, including any armed aggression or resistance thereto by any country, alliance of countries or organization;
- g. Committing an assault, or felony, or participation in a riot or insurrection, or being engaged in an illegal occupation;
- h. Participation in sky or skin diving, auto or motorcycle racing, hang gliding or mountain climbing. Engaging in any activity which involves the use of hang gliders, parachutes, or parachutes in tow;
- i. Participation in full-time active duty or reserve duty for more than 30 days in any Armed Forces (Send us proof of service; we will refund any premium paid for this time.);
- j. Injuries received while intoxicated, or while under the influence of any controlled substance, unless administered at the advice of or in the dosage prescribed by a physician;
- k. Loss due to an injury which occurred prior to the date the rider is in force; or
- l. Death must occur within 90 days of the accident.

4. **OTHER INSURANCE IN THIS COMPANY.** If any Accidental Death Benefit Policy or policies previously issued by us be in force at the same time as this rider making the total accidental death benefit for you in excess of \$200,000, the excess insurance shall be void and all premiums paid for such excess shall be returned to the insured or his estate.

The Company shall have the right and opportunity to examine the body of the insured and, unless prohibited by law, to make an autopsy before or after the burial.

5. **PREMIUM.** The premiums are \$\_\_\_\_\_ per \_\_\_\_\_ for \$\_\_\_\_\_ in coverage before age 75 (coverage is one-half this amount at age 75), beginning \_\_\_\_\_, 20\_\_\_\_. They are payable with and in addition to each of the premiums provided for on the premium page of said policy and subject to the same conditions, and provided that said additional premiums shall not affect policy values, if any.

6. **RENEWABILITY:** **After the first policy year, this rider is renewable at the option of the company and, if the company's option to non-renew is exercised, you will be notified at least 60 days prior to the date of non-renewal. This rider is optionally renewable for the life of the Main Insured subject to the Company's right to cancel all riders by class. Renewal premiums are due on the first day of each renewal period. Your coverage will expire if the premium is not paid on or before the end of the grace period.**

**We reserve the right to increase rates, from time to time, by class. If we change the premium rates, we will notify you at least 45 days before the change becomes effective. We will notify you at your last known address according to our records. The**

initial premium and any revised premiums are guaranteed not to change for a period of 12 months, but may be increased once each six months thereafter with a 45 day notice. There will be no change in your class due to any physical impairment.

7. DATE. Executed in Baton Rouge, LA, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.



Secretary



Chairman

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<i>Project Name/Number:</i>	<i>/97-005 R/06</i>		

## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** Flesch Certification 01/20/2009

#### Comments:

#### Attachments:

Certification of Rule 19 .pdf  
Flesch Readability.pdf  
Guaranty Association Notice.pdf

### Review Status:

**Satisfied -Name:** Application 01/20/2009

#### Comments:

This application is for our ValueLife Gold policy (32-001) approved on December 15, 2008. The accidental death rider is sold with ValueLife Gold 32-001.

#### Attachment:

Gold App\_STD\_RGN 4 FINAL APPROVED 12-5-08.pdf

# *Starmount Life Insurance Company*

P.O. Box 98100  
Baton Rouge, LA 70898

## Certification

This is to certify that I have reviewed Regulation 19 and this submission meets the provisions of this rule as well as all applicable requirements of the Arkansas Department of Insurance.

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Jeffrey G. Wild  
Chief Financial Officer  
Starmount Life Insurance Company

DATE: January 20, 2009

**STARMOUNT LIFE INSURANCE COMPANY**

**FLESCH READABILITY ANALYSIS**

<b><u>FORM</u></b>	<b><u>WORDS</u></b>	<b><u>PARAGRAPHS</u></b>	<b><u>SENTENCES</u></b>	<b><u>SCORE</u></b>
97-005-AR R/06	956	28	29	46.9

This is to certify that this form meets the minimum score on the Flesch reading ease test in the NAIC Life and Health Insurance Policy Language Simplification Model Act. The Flesch score has been measured by the method described in the act and reflects all text excluding only language or terminology in the following categories entitled to be excepted under the act: the name and address of the insurer; the name, number or title of the policy; the table of contents or index; captions and subcaptions; specifications pages, schedules or table; language required by law or regulation; medical terminology; and words which are defined in the policy.

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Jeffrey G. Wild  
Chief Financial Officer  
Starmount Life Insurance Company

DATE: January 20, 2009

**LIMITATIONS AND EXCLUSIONS UNDER THE  
ARKANSAS LIFE AND HEALTH INSURANCE  
GUARANTY ASSOCIATION ACT**

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting insurance companies that are well managed and financially stable.

Little Rock, Arkansas 72201

**DISCLAIMER**

The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

The Arkansas Life and Health Insurance Guaranty Association  
c/o The Liquidation Division  
1023 West Capitol  
Little Rock, Arkansas 72201

Arkansas Insurance Department  
1200 West Third Street  
Little Rock, Arkansas 72201-1904

The state law that provides for this safety-net is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverage, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

## COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

## EXCLUSIONS FROM COVERAGE

However, persons owning such policies are NOT protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contract holders, not individuals);
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC")(whether the FPBC is yet liable or not);
- Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery(unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustees).

## LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 - no matter how many policies and contracts there were with the same company, even if they provided different types of coverage. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net cash surrender values - again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverage. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.



For Modified Whole Life Insurance Policy Form No. 32-001; Accidental Death Rider Form No. 97005

STARMOUNT LIFE INSURANCE CO. • The Starmount Building • Box 98100 • Baton Rouge, LA 70898-9100 • 1-888-729-5433 • www.SayLife.com

## Main Insured Information

Date of Birth \_\_\_\_\_ Sex ☐ M ☐ F  
Month Day Year

Height (Ft. In.) \_\_\_\_\_ Weight (Lbs.) \_\_\_\_\_

Home Phone (required) (\_\_\_\_\_) \_\_\_\_\_

Work or Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Are you employed? ☐ Yes ☐ No Occupation /Duties (If self-employed, explain) \_\_\_\_\_

Doctor or Clinic (Full Name) \_\_\_\_\_ Doctor is located in: City \_\_\_\_\_ State \_\_\_\_\_

Beneficiary (If none listed, cash will go to your estate.) \_\_\_\_\_ Relationship \_\_\_\_\_

## I wish to apply for insurance in the amount of:

☐ \$100,000 ☐ \$75,000 ☐ \$50,000 ☐ \$40,000 ☐ \$25,000 ☐ \$20,000 ☐ \$10,000 ☐ \$5,000

## Spouse Information (if to be insured) Please print.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex ☐ M ☐ F  
Month Day Year

Height (Ft. In.) \_\_\_\_\_ Weight (Lbs.) \_\_\_\_\_ Home Phone (required) (\_\_\_\_\_) \_\_\_\_\_ Work or Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Are you employed? ☐ Yes ☐ No Occupation /Duties (If self-employed, explain) \_\_\_\_\_

Doctor or Clinic (Full Name) \_\_\_\_\_ Doctor is located in: City \_\_\_\_\_ State \_\_\_\_\_

Beneficiary (If none listed, cash will go to your estate.) \_\_\_\_\_ Relationship \_\_\_\_\_

## I wish to apply for insurance in the amount of:

☐ \$100,000 ☐ \$75,000 ☐ \$50,000 ☐ \$40,000 ☐ \$25,000 ☐ \$20,000 ☐ \$10,000 ☐ \$5,000

## Indicate Method of Payment

Enclose just 1¢ for your first month's cost and check appropriate boxes below.

☐ Deduct future payments from my checking account automatically. Starmount prefers this method of payment. (Enclose a blank check with CANCELLED written across the face.)☐ Charge future payments to: ☐  ☐  Credit Card #                 Exp. Date: \_\_\_\_/\_\_\_\_ (mm/yy)☐ Bill me direct for future payments. (There is a \$1 charge each month if direct billing is monthly. Billing is free if every 3 months or annually, or by credit card or check draft.)I want to pay: ☐ Annually (5% discount for annual payment) ☐ Every 3 months ☐ Monthly. (We recommend annually or every 3 months.)Check one: ADD ACCIDENTAL DEATH CASH OPTION FOR: ☐ Double Benefits ☐ Triple Benefits ☐ Not interested.

## Please Answer These Questions:

Main Insured

Spouse

- |   |  |  |
|---|--|--|
| 1. Have you had or been advised to have any medical or surgical examination or treatment for any disorder, injury or sickness during the past two years, or do you now have any impairment, disorder or disease? (If yes, please explain.) _____  | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 2. Have you ever (in MO, in the past 10 years): had high blood pressure; cancer; a tumor; diabetes; asthma; a stroke; any disease or disorder of the kidneys, heart, blood, lungs, liver; tested positive for exposure (in MO, have you been positively diagnosed or treated for) to the HIV (Human Immunodeficiency Virus) infection or been diagnosed as having ARC (AIDS Related Complex) or AIDS (Acquired Immune Deficiency Syndrome) caused by the HIV infection; mental disease or disorder, Alzheimer's or other dementia; or been treated for alcoholism or a drug habit by a medical professional, or taken illegal drugs; been ticketed for DWI or DUI or had a felony conviction? (If yes, circle applicable ones and explain.) _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 3. Have you had an application for life or health insurance rated, postponed, or modified? (If yes, circle applicable ones.) _____  | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 4. Do you have any existing insurance policies or contracts this would replace or change? _____   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 5. Have you smoked, chewed or used tobacco in the last 24 months? _____<br>If you are a cigarette smoker, do you smoke more than 2 packs per day? _____   | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No |

I have read the above questions and declare the answers are complete and true. I agree the answers will form a part of the policy and the insurance will not be in force until this application has been approved by the company and the policy issued and delivered to me when I am in the same health condition as described above, and the first premium paid. **However, in Kansas, the insurance in force will be limited to \$1,000 and will be in force upon receipt of an application and a premium by the company.** (See back for exclusions and limitations.)

**AUTHORIZATION:** I authorize any physician, medical practitioner, hospital, clinic, or other medical related facility, insurance company, the Medical Information Bureau or other organization or person that has any record of me, my health, or any member of my family, to give Starmount Life Insurance Company, my legal representative for medical records receipt, or its reinsurers any such information. This includes knowledge about drug abuse, alcoholism or mental illness, and HIV (Human Immunodeficiency Virus) and/or AIDS (Acquired Immune Deficiency Syndrome) status. Although information about drug or alcohol abuse, mental illness, and HIV and/or AIDS status may be protected by government regulation, I allow Starmount to collect it to determine insurability. I understand I (or my authorized representative) am entitled to a copy of the information obtained; that this authorization will expire in 30 months from the date of signature (in KS and OK, in 24 months), but can be revoked at any time with the applicant's written notification. This information will be used to determine insurability. I understand that I (or my authorized representative) am entitled to receive a copy of this authorization form. A photo copy is as valid as the original. I am also aware that the records may be subject to re-disclosure by the recipient. Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. (See back for state-specific fraud statements.)

X \_\_\_\_\_  
Signature (Main Insured)

Date

X \_\_\_\_\_  
Spouse's Signature (if to be insured)

Date

☐ Send me \_\_\_\_\_ more applications for friends and relatives. (For Company Use) Authorized Agent: \_\_\_\_\_ † See your policy for state specific guarantees.

**Limitations On Coverage:**

Benefits paid for death by suicide during the first two years this policy is in effect (except in MO) are limited to the return of premiums paid. Policy benefits are based on statements made on the application. Any material misrepresentation may result in the cancellation of coverage or denial of a claim during the two years following policy issue or reinstatement. Misrepresentation of insured's age or sex will result in benefits being adjusted to properly reflect actual age or sex. The company cannot contest the policy after it has been in effect during the insured's life for two years from the policy date or reinstatement date.

**Accidental Death Option's Exclusions:**

The above limitations are the only life insurance exceptions. There are no others. If you also choose the accidental death option, possible exclusions are: Suicide; illness or disease; medical or surgical treatment; inhalation of poison gas; riding in or descent from any kind of aircraft except as a fare-paying passenger in a regularly scheduled commercial aircraft operated by a licensed pilot; war; committing an assault, felony, participation in a riot or being engaged in an illegal occupation; participation in sky or skin diving, auto or motorcycle racing, or hang gliding; participation in full-time active duty or reserve duty for more than 30 days in any Armed Forces; injuries received while intoxicated or while under the influence of a controlled substance; homicide, except for law enforcement officers receiving injuries while on duty; bodily injury due to the act of another provoked by the insured; injuries received from an accident that happened before this rider was in force. PLEASE SEE YOUR POLICY FOR EXCLUSIONS SPECIFIC TO YOUR STATE.

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**Medical Information Bureau Disclosure Notice:**

Information regarding your insurability will be treated as confidential. Starmount Life, or its reinsurers, may, however, make a brief report to the Medical Information Bureau, a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another Bureau member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, the Bureau, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of the Bureau's information office is Post Office Box 105, Essex Station, Boston, Massachusetts 02112, telephone number (617) 426-3660.

Starmount Life or its reinsurers, may also release information in its file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

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**Fraud Statements:**

**For residents of Kansas:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information may be guilty of a crime as determined by a court of law.

**For residents of Arkansas and Louisiana:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a crime and may be subject to fines and confinement in prison.

